

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	HIA	353	08-09-01
RESPONSE FORMALITY REVIEW	Zm	927	07/19/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	08-09-01
2	✓	✓	08-09-01
3	✓	✓	08-09-01
4	✓	✓	08-09-01
5	✓	✓	08-09-01
6	✓	✓	08-09-01
7	✓	✓	08-09-01
8	✓	✓	08-09-01
9	✓	✓	08-09-01
10	✓	✓	08-09-01
11	✓	✓	08-09-01
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48	✓	✓	08-09-01
49	✓	✓	08-09-01
50	✓	✓	08-09-01

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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